

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000005495

Entity Name: BLUESPARK HEALTHCARE COMMUNICATIONS LLC**Current Principal Place of Business:**485C ROUTE 1 SOUTH, SUITE 120
ISELIN, NJ 08830**Current Mailing Address:**485C ROUTE 1 SOUTH, SUITE 120
ISELIN, NJ 08830 US**FEI Number:** 20-3185320**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	MEMBER
Name	DAS HOLDINGS INC
Address	485C ROUTE 1 SOUTH, SUITE 120
City-State-Zip:	ISELIN NJ 08830

Title	GLOBAL CFO
Name	STERNBERG, NEIL
Address	485C ROUTE 1 SOUTH, SUITE 120
City-State-Zip:	ISELIN NJ 08830

Title	ASSISTANT SECRETARY, ASSISTANT VICE PRESIDENT
Name	JONES, KATHLEEN M
Address	485C ROUTE 1 SOUTH, SUITE 120
City-State-Zip:	ISELIN NJ 08830

Title	CEO
Name	D'AURIA, MATT
Address	485C ROUTE 1 SOUTH, SUITE 120
City-State-Zip:	ISELIN NJ 08830

Title	U.S. CFO
Name	WEEMS, MICHAEL
Address	485C ROUTE 1 SOUTH, SUITE 120
City-State-Zip:	ISELIN NJ 08830

Title	VICE PRESIDENT, SECRETARY
Name	WALKER, JOHN
Address	485C ROUTE 1 SOUTH, SUITE 120
City-State-Zip:	ISELIN NJ 08830

Title	ASSISTANT SECRETARY, GENERAL COUNSEL
Name	SCHATZMAN, JENNIFER L
Address	485C ROUTE 1 SOUTH, SUITE 120
City-State-Zip:	ISELIN NJ 08830

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KATHLEEN M. JONES**ASSISTANT SECRETARY** 04/23/2024_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date